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CONFIRMATION NO. 8664

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|------------------------------------|---|---------------------|-------------------------------|--|
| <b>SERIAL NUMBER</b><br>10/825,342 | <b>FILING OR 371(c) DATE</b><br>04/14/2004<br><b>RULE</b> | <b>CLASS</b><br>430 | <b>GROUP ART UNIT</b><br>1756 | <b>ATTORNEY DOCKET NO.</b><br>03-1810/LSI1P239 |
|------------------------------------|---|---------------------|-------------------------------|--|

## APPLICANTS

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## \*\* CONTINUING DATA \*\*\*\*\*

This appln claims benefit of 60/513,780 10/22/2003

## \*\* FOREIGN APPLICATIONS \*\*\*\*\*

## IF REQUIRED, FOREIGN FILING LICENSE GRANTED

\*\* 06/24/2004

|   |                               |                             |                           |                                |
|---|-------------------------------|-----------------------------|---------------------------|--------------------------------|
| Foreign Priority claimed<br><input type="checkbox"/> yes <input checked="" type="checkbox"/> no   | <b>STATE OR COUNTRY</b><br>CA | <b>SHEETS DRAWING</b><br>10 | <b>TOTAL CLAIMS</b><br>20 | <b>INDEPENDENT CLAIMS</b><br>3 |
| 35 USC 119 (a-d) conditions met<br><input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance |                               |                             |                           |                                |
| Verified and Acknowledged<br><i>[Signature]</i><br>Examiner's Signature   | <i>[Initials]</i><br>Initials |                             |                           |                                |

## ADDRESS

24319

## TITLE

Optimized mirror design for optical direct write

|                                   |   |  |
|-----------------------------------|---|--|
| <b>FILING FEE RECEIVED</b><br>770 | FEES: Authority has been given in Paper<br>No. _____ to charge/credit DEPOSIT ACCOUNT<br>No. _____ for following: | <input type="checkbox"/> All Fees                              |
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